

Abstract 740

TITLE: HIV, HBV And HCV Prevention In Injecting Drug Users In Countries Of The European Union

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BACKGROUND/OBJECTIVES: To give an overview of HIV, HBV and HCV prevention in injecting drug users (IDUs) in countries of the European Union (EU).

METHODS: Data on 'harm reduction' prevention measures (needle and condom availability/exchange, HIV/hepatitis counseling and testing, HBV vaccination, drug substitution treatment) in EU countries were collected through the Reitox network of National Focal Points. Examples on the effects of prevention were drawn from a non-systematic sample of published and non-published prevention, seroprevalence and modeling studies on HIV, HBV and HCV.

RESULTS: Available data only permit a global impression of HIV, HBV and HCV prevention in the EU. Harm reduction measures are in practice well accepted in EU member states (except Sweden and Finland). Reported numbers on substitution treatment suggest that in many countries coverage can be increased. In some of the most affected countries implementation of measures has mostly occurred only in recent years (France, Italy, Spain). Coverage of measures seems not always national and appears to need improvement. Pharmacies may play an important role in prevention (e. g. Portugal). A history of imprisonment is a strong risk factor for HIV infection, but some data seem conflicting (Netherlands). Prevention activities in some prisons include hepatitis B vaccination, information and HIV/HBV/HCV testing, and need expansion. Hepatitis B vaccination is being targeted to IDUs in some countries and vaccination levels are rising. Rates of anti-HCV prevalence in new injectors have fallen in the UK, possibly indicating that HCV is sensitive to prevention. In most countries seroprevalence of anti-HCV is still extremely high, while rates of anti-HIV differ strongly. Analysis of 'latency time before first drugs treatment' indicates that drugs treatment services are not reaching most young drug users and are not a good vehicle for early HIV/hepatitis prevention. Simulation models indicate that HIV transmission may largely be driven by high infectiousness in primary infection, HIV testing may thus have little effect on incidence. Back-calculation indicates that HIV transmission has continued during the 1990s in young and new IDUs, but at lower levels than before.

CONCLUSIONS: Harm reduction prevention measures are accepted in most countries of the EU. However, coverage can probably still be improved. HIV, HBV and HCV transmission continues in new and young IDUs. HBV vaccination is increasing and HCV may be sensitive to prevention.

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